

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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|--|--|--|-----------------------|--|
| Establishment Name | | | Telephone Number | Date of Inspection PERMIT # (mm/dd/yr) |
| Hazelwood Middle Schal | | | T12 542 33/0 | 8/23/2019 19-130 |
| Establishment Address (number and street, city, state, zip code) | | | | |
| 1021 Hazelmod Ave New Alberg, IN 47150 | | | | |
| Owner | | | Purpose: | Follow-up Release Date |
| NAFC Schools | | | Routine | No 10 days |
| Owner's Address | | | 2. Follow-up | Summary of Violations: |
| | | | 3. Complaint | |
| Person in C | | | 4. Pre-Operational | C NC 4 R |
| Responsible Person's E-mail | | | 5. Temporary | Menu Type (See back of page) |
| | | | 6. HACCP | İ |
| Certified Food Manager | | | 7. Other (list) | 1 2 3 X 4 5 |
| Mary Oliver (0/12/23) | | | | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" | | | | |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" | | | | |
| Section# | C/NC J | Narrative | | To Be Corrected By |
| 342 | NC | Observed water at handsights for her | to but to maintai | 1 / week |
| · | | groper hand making | 121 121 | |
| 389 | ۳۷ | Observed soll map hads left i | in saas canal | |
| 426 | | 1 I . | | Use of Nemove |
| | NC | | | Use of Nemane |
| 430 | سات | Observed (2) lights and in freeze / week | | |
| | | Observed water in light in wall | r-in | |
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| Received by (name and title printed): Inspected by (name and title printed): | | | | |
| | | | | |
| Passive Diver 11 anager A.). Ingram (EHS) | | | | |
| Received by (signature): | | | | |
| 11 Cult 1 1 2 2 | | | | |
| cc; | | cc: | | ec; |